

Jun.26.2019 12:47 PM Hilliard Farms

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## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Non Emergency  
transportation business from  
Eg Drailih LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER:

2019 - 236 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Eg Drailih LLC

Telephone: (803) 308-0672

Address: 157 Hollis Rd

Fax: (803) 854-2983

Santee SC 29142

Other:

Email:

jhilliardfarms@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☒ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other:

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PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: June 12, 2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.

Eog Drailh LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

157 Hollis Rd Santee SC 29142

Street Address of Applicant

P.O. Box 1369 Santee SC 29142

Mailing Address of Applicant (if different from street address)

803-308-0672

Phone

803-854-2983

Fax

jhilliard-farms@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$0.00	Mortgage/Loan on Real Estate	\$0.00
Value of Motor Vehicles	\$36,000.00	Loans Owed on Motor Vehicles	\$0.00
Cash on Hand	\$2,500.00	Business/Other Loans Owed	\$0.00
Cash in Bank	\$5,000.00	Other Liabilities or Debts	\$0.00
Value of Other Assets and Equipment	\$0.00	Total Liabilities	\$0.00
Total Assets	\$43,500.00		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: Eoj Drailih LLC will be contracted through Logisticare and will be paid based on the rate set by Logisticare for each completed trip.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

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## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	2013 Grand Caravan	2C4RDGBG7DR763319	4321	NO
Dodge	2013 Grand Caravan	2C4RDGBG9DR735456	4321	NO
Ford	2009	1FDFE45S29DA90752	14,500	yes



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**INSURANCE QUOTE****This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Eoj Draillich LLC

Name of Applicant

157 Hollis Rd Santee SC 29142

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ \$6,737.<sup>00</sup>

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	\$ 1,000,000. <sup>00</sup>
Medical Payments per Person	\$ 1,000	\$ 1,000. <sup>00</sup>

Gateway Insurance Company

Name of Insurance Company

953 American Ln 3rd Floor Schaumburg IL 60113

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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**Exhibit Fit, Willing, and Able (FWA)**Eog Drailh LLC

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

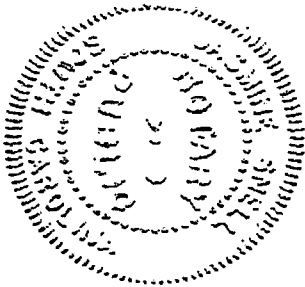
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Joe Hilliard  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Orangeburg )

SWORN TO BEFORE ME  
This 12th day of June, 20 19

Jasmine Snell  
Notary Public

Commission Expires \_\_\_\_\_ My Commission Expires June 23, 2025

Print Application

# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

**EOJ DRAILLIH LLC,**

a limited liability company duly organized under the laws of the State of South Carolina on July 23rd, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 6th day  
of August, 2018.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State

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Print Form

**STATE OF SOUTH CAROLINA**  
**SECRETARY OF STATE**  
**ARTICLES OF ORGANIZATION**  
 Limited Liability Company – Domestic  
 Filing Fee - \$110.00

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Eoj Draillih LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

157 Hollis Rd

Street Address

Santee

City

29142

Zip Code

3. The initial agent for service of process is

Joe Hilliard

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

157 Hollis Rd

Street Address

Santee

City

29142

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Joe Hilliard

Name

157 Hollis Rd

Street Address

Santee

City

SC

State

29142

Zip Code

(b)

Name

Street Address

City

State

Zip Code

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Name of Limited Liability Company Eog Draillih LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) Joe Hilliard  
Name \_\_\_\_\_
- 157 Hollis Rd  
Street Address \_\_\_\_\_
- Santee SC 29142  
City State Zip Code
- (b) \_\_\_\_\_  
Name \_\_\_\_\_
- \_\_\_\_\_  
Street Address \_\_\_\_\_
- \_\_\_\_\_  
City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Joe Hilliard  
Signature of Organizer

7-18-18  
Date

\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Date

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GATEWAY INSURANCE COMPANY - NAIC 28339  
 953 AMERICAN LANE, 3RD FLOOR  
 SCHAUMBURG, IL 60173  
 800.897.2551 | www.atlas-fin.com



## INSURANCE QUOTE

**South Carolina**  
**Commercial Automobile Insurance**

AGENCY:	TAYLOR AGENCY - 19311	QUOTE#	CA185694Q2019
ATTENTION:		PRINT DATE:	03/13/2019
APPLICANT:	EOJDRAILLIH LLC	QUOTE EFF:	03/22/2019
RENEWAL OF:	N/A	QUOTE EXP:	04/21/2019

## COVERAGE/LIMITS/PREMIUM

COVERAGE	SYMBOL(S)	LIMITS	PREMIUM
LIABILITY	2,8,9	\$1,000,000 Limit	\$5,306
NON OWNED AUTO LIABILITY			\$217
HIRED AND BORROWED LIABILITY - SC		\$1,000,000 Limit	\$64
UMBI - SC	7	\$75,000 Limit	\$11
UIM - SC	7	\$75,000 Limit	\$27
MEDICAL - SC	7	\$1,000 Limit	\$114
OTC - SC	7	\$1,000 Ded	\$373
COLLISION - SC	7	\$1,000 Ded	\$625

ADDITIONAL INSUREDS:	0	\$0
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STATE REQUIRED FEES AND/OR TAXES:	\$0
-----------------------------------	-----

TOTAL PREMIUM:	\$6,737.00
----------------	------------

BASED ON RATING TERRITORY:	SANTEE, SC (189)
----------------------------	------------------

## NUMBER OF UNITS

NUMBER OF UNITS	1
-----------------	---

## UNDERWRITING NOTES

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**GATEWAY INSURANCE COMPANY - NAIC 28339**Insurance Quote - South Carolina - Commercial Automobile Insurance  
EOJDRAILLH LLC**REQUIRED INFORMATION**

<input type="checkbox"/> Confirmation of Policy Terms.	<input type="checkbox"/> Vehicle registrations/lease agreements for all vehicles used by the named insured.
<input type="checkbox"/> Completed/signed ACORD application(s) required at time of binding:	<input type="checkbox"/> Updated Driver List.
<input type="checkbox"/> Loss runs for the past years.	<input type="checkbox"/> Updated MVRs.
<input type="checkbox"/> Signed "No-Loss" statement.	<input type="checkbox"/> Name and number of all Medicare and Social Service providers.
<input type="checkbox"/> Completed/signed Notice of Terrorism Insurance Coverage.	<input type="checkbox"/> Copies of any certificates of insurance and binders issued.
<input type="checkbox"/> Completed/signed Public Auto Supplemental Application.	<input type="checkbox"/> Current/expiring pricing for all lines.
<input type="checkbox"/> Signed Non-Reported Operator Deductible Endorsement.	<input type="checkbox"/> Confirmation of state filings required.
<input type="checkbox"/> Completed DOT Medical Examination Report for all drivers age 70 and over.	<input type="checkbox"/> Confirmation of federal filings required.
<input type="checkbox"/> Mechanical inspection report with photos for all units over 10 model years old.	<input type="checkbox"/> Confirmation of other filings required.

If bound, this quote is subject to the company's receipt of the items checked above within 15 days of binding.  
Failure to provide this information in this time frame may result in cancellation of the policy.

**DISCLAIMERS & GENERAL CONDITIONS**

1. Minimum premium \$750 applies to policy.
2. The fee for additional insureds is \$50 each, unless the entity is a state agency.
3. Any policy in cancellation for non-payment will incur a Reinstatement Fee of \$9.
4. Unless otherwise stated, this quote is based on standard ISO filed coverage forms.
5. This quote is subject to favorable loss experience verification and favorable inspection, if not obtained prior to the release of this quote.
6. All drivers must qualify under our Safe Driver Criteria.
7. The company reserves the right to exclude/reject any operator, for any reason, who may otherwise qualify under the Safe Driver Criteria.

Thank you for considering GATEWAY INSURANCE COMPANY and The Atlas Group of Companies as your business partner and for the opportunity to provide you with this quote for the above risk.

PREPARED BY:

**Whit Whittington**

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**GATEWAY INSURANCE COMPANY - NAIC 28339**  
 Insurance Quote - South Carolina - Commercial Automobile Insurance  
 EOJDRAILLH LLC

VEHICLE SCHEDULE

					PHYSICAL DAMAGE				
	CLASS CODE	ST	YEAR	MAKE	VALUE TYPE	VALUE	PREMIUM	ALL OTHER COVERAGE	TOTAL
1	4398	SC	2013	DODG	ACV	\$21,250	\$998	\$5,458	\$6,456

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**BUSINESS AND PROFESSIONAL LICENSE**

ISSUED IN ACCORDANCE WITH THE ORDINANCES OF THE COUNTY OF ORANGEBURG

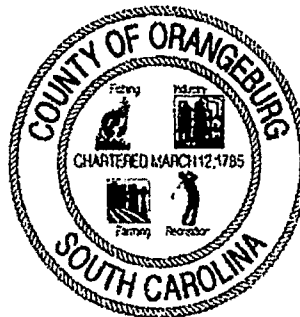
Account Number: 001442

License Number: 191240

Eoj Draillih LLC

P.O. Box 1369

Santee SC 29142



Issue Date: 06/14/2019

Expiration Date: 12/31/2019

157 Hollis Rd Santee, SC 29142

BUSINESS LOCATION



AUTHORIZED SIGNATURE

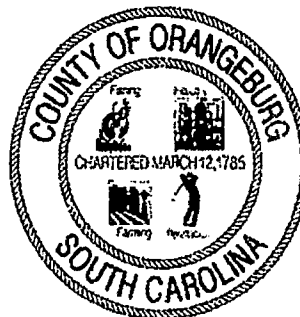
THIS LICENSE MUST BE DISPLAYED IN A CONSPICUOUS PLACE

THE ABOVE NAMED CONCERN HAS BEEN LICENSED TO DO BUSINESS IN THE COUNTY OF ORANGEBURG, SUBJECT TO THE PROVISIONS OF THE COUNTY ORDINANCE.  
NOTIFY THIS OFFICE OF ANY CHANGE IN LOCATION OR OWNERSHIP WITHIN 10 DAYS OF CHANGE.**BUSINESS LICENSE RECEIPT**LICENSE YEAR 2019

Eoj Draillih LLC

P.O. Box 1369

Santee SC 29142



License Number: 191240

Issue Date: 06/14/2019

Expiration Date: 12/31/2019

157 Hollis Rd Santee, SC 29142

Business Location

RECEIVED BY: CTRGROSS RECEIPTS \$ 2,000.00FEE PAID \$ 25.00

77010107 0700V

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Fax Transmittal  
157 Hollis Rd.  
Santee, SC 29142

Date: 6/26/19To: Public Service Commission From: Eog Drilling LLCFax: (803) 896-5199 Fax: (803) 854-2983Phone: (803) 316-2967Pages (including cover) 17

Comments:

Non Emergency class C Application**RECEIVED**

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